

## OPEN HIP DECOMPRESSION PROTOCOL

Dr. Nate Stewart

pertaining to greater trochanter osteotomy, proximal femoral osteoplasty, acetabuloplasty

Patient: \_\_\_\_\_

Chippewa Valley Orthopedics & Sports Medicine

DOS: \_\_\_\_\_

1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B  
Altoona, WI 54720 Chippewa Falls, WI 54729

	Phase I Initial Exercises			Phase II Intermediate Exercises			Phase III Advanced		IV Sports Specific		
	Days 1-4	Days 5-7	Week 1-2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8-12	Week 13-25	
Weight Bearing	NWB	NWB	NWB	NWB	WBAT <b>**To be confirmed by physician determined by healing of osteotomy on x-ray**</b>						
<p><b>There is a 90° flexion ROM restriction for about 4 weeks or until the patient is WBAT.</b> Exercises are introduced on a weekly basis. <b>Please continue with previous exercises to ensure good flexibility and strength.</b> Refer to the patient specific surgical prescription. That prescription will provide any WB limitations, ROM restrictions, strengthening time frames and pertinent information for higher level strengthening. Prescription may alter this protocol. Patients should meet criteria prior to advancing to next phase.</p>											
<b>Exercises: Progress per protocol. Stretch, soft tissue mob, and circumduction for 6-10 weeks.</b>	Ankle pumps	Transverse Abdominal isometrics	Heel slides	Quadricep Hamstring Stretch	Kneeling hip flexor stretch	Double 1/3 partial squats	Single leg stance	Trunk rotation with single leg stance and cord resistance	Lunges	<p><b>To progress to Phase IV,</b> Anticipate return to work requiring labor at 12-16 weeks, use of treadmill and recreational sports at 16 weeks. Work on return to Pre-injury cardio ability. Add initial lateral and agility drills with good mechanics</p>	
	Passive supine Hip IR										
<p><b>Home CPM-</b> Certain surgical procedures will require a CPM as part of rehab. At home, use machine starting at about 45-60° hip flexion and increase as tolerated to max 90° hip flexion 2-3 hour sessions, 6 hours per day. Your physical therapist will instruct you on 90° limit. The number on the pendant displays knee position.</p>	Gluteal, Quad, Hamstring Isometrics	PROM-IR	Adduction isometrics	Leg raises Adduction Extension	Quadruped Rocking	Abduction Leg raises	Advance Bridging Single leg, Swiss Ball	Side-step, add resistance as tolerated	Stepping patterns to prepare for initial lateral and general agility drills		
	Soft tissue mobilization: IT Band, TFL, glut med, area surrounding incisions.		Uninvolved knee to chest	Start scar mobilization when healing has progressed	Total Gym	Bike with resistance	Side plank	Lateral step downs	Fwd/Retro Gait with cord		
	Circumduction of the hip with long axis hip IR, and in 70° hip flexion, knee bent. 5 min, each position with CW/CCW.		Active supine hip IR	Bridges	Seated Active Hip Flexion	Gentle Manual Long Axis traction Manual AP mobs if needed		Single leg mini squats			Elliptical
			Standing Hip IR-stool	Hip fall out or butterfly emphasize ER without pain	Abduction isometrics	Clamshells					
			Prone IR/ER isometrics	<p><b>To progress to Phase II,</b> minimal pain with exercise. Surgeon allows progression based on x-ray. Strength of extension, adduction and core about 50%-75% of normal. In general this protocol is 50% slower than a traditional hip arthroscope.</p>	Bike		<p><b>To progress to phase III</b> Full ROM Allowed. Strength 50% for Abduction, 80%-90% for other directions</p>	<p>Weeks 10-12 Initial Agility Drills</p>			
			Water walking and gentle exercise if available		Water jogging and advance as able						
<p><b>PRECAUTION:</b> <b>*90° flexion limit until WBAT</b> <b>* The hip has been dislocated during this procedure</b> <b>*Avoid lateral hip pain</b></p>											
<p>Reviewed April 2014</p>					<p><b>Please call with questions: Northwoods Therapy Associates</b> <b>Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060</b></p>						

